

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.	09942959	FILING DATE
APPLICANT(S)		

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
6						
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12						
13						
14						
15						
16		2				
17		2				
18		2				
19		2				
20		2				
21		2				
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25						
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27						
28						
29						
30						
31	1					
32						
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46						
47						
48						
49						
50						
TOTAL IND.	2					
TOTAL DEP.	21					
TOTAL CLAIMS	23					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
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97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS